## TOWN of STOW

Stow, Massachusetts 01775



## Application for Fire Alarm Permit

Date	Permit No.
Location of Work	Lot No
Name of Builder	Tel.No
Name of Owner	
Name of Installer	Tel. No
Address of Installer	
License No	Cathedral or Beamed Ceilings?
Type and Style of Structure	
No. of Levels	No. of Sleeping Areas
Brand Name and Model of All Equipment Used	

NOTE: If this application does not contain the proper information or is not accompanied by plans, brochures, cuts, etc., a permit will not be issued at that time. Please submit TWO copies of plans, drawings, or layouts at the time of application. Thank you.